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Following the instructions, please provide the information as indicated. Status reports must be received by Office of Criminal Justice Assistance (OCJA) 30 days after completion of the first three months even if the project has not been implemented. Use additional sheets as necessary.

1. Project Title \_\_\_\_
2. Grant Award # \_\_\_\_\_
3. Grantee \_\_\_\_\_
4. Grant Period \_\_\_\_
5. Mailing Address \_\_\_\_\_
6. Report Period \_\_\_\_
7. Telephone \_\_\_\_
8. Report Prepared By \_\_\_\_
9. Title \_\_\_\_

## 10. PROGRESS REPORT REQUIREMENTS

- |   |                                  |  |
|---|----------------------------------|--|
| 9 | 1 <sup>st</sup> Progress Report  | A narrative to cover the first 3 months (first quarter) of operation         |
| 9 | 2 <sup>nd</sup> Progress Report: | A narrative and statistical report covering the second quarter of operation. |
| 9 | 3 <sup>rd</sup> Progress Report: | A narrative and statistical report covering the third quarter of operation.  |
| 9 | 4 <sup>th</sup> Progress Report: | A narrative and statistical report covering the fourth quarter of operation. |

IS THIS A FINAL PROGRESS REPORT FOR THIS PROJECT?                      9 YES                      9 NO

BJA guidelines require the commencement of a project within sixty days of start date of award period. If a project is not operational, a report by letter to OCJA must outline steps taken to initiate the project. If a project is not operational within 90 days of the original start date of the award period, a second statement must be submitted to OCJA explaining the delay. OCJA reserves the right to cancel the project and redistribute the funds to other areas.

9 YES	9 NO	Project commenced within 60 days of award notification. If NO, please explain. Include outline of steps taken to initiate the project and the reasons for delay as well as an expected start date.
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9 YES                      9 NO                      Project commenced within 90 days of award notification. If NO, please explain why project has not commenced and the anticipated start date.

## PERSONNEL

Positions Authorized in Grant Award Agreement:

Name of Staff Member	Title	% Grant Funded
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1.

2.

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3. \_\_\_\_\_

4. \_\_\_\_\_

9 YES      9 NO      Have project personnel been hired in a timely manner? If NO, please explain below.

9 YES      9 NO      Have any of the job duties, as detailed in the Grant Award Agreement, changed? If YES, please explain below.

9 YES      9 NO      Are there any personnel issues which may affect the project objectives and activities. If YES, please explain below.

\_\_\_\_\_

**EQUIPMENT:**

If the Grant Award Agreement allows for equipment purchases, has any equipment been purchased? If YES, please list on the PROPERTY RECORD provided with the Project Director's Manual. Copy as many sheets as necessary. Please detail below any problems encountered in ordering/receiving grant equipment. Did you use the FALCON'S NEST program? If not, why? If yes, did you receive satisfactory results through the program. Please elaborate. \_\_\_\_\_

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**GOALS & OBJECTIVES**

Please indicate the status of each Goal & Objective as outlined in your Grant Application. Include the projections for each quarter versus the actual. Describe the quantity and type of drugs seized, number of clandestine laboratories discovered, and/or number of arrests. (This should be prepared on separate sheet and updated quarterly.)

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Objective #	PROJECTED TOTAL	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	TOTAL TO DATE
1						
Objective #	PROJECTED TOTAL	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	TOTAL TO DATE
2						

Describe type of training						

**NARRATIVE:**

If the project is not meeting its goals and objectives, explain why. If applicable explain the problems causing the delay and what is being done to rectify the situation. If appropriate identify changes needed to accomplish the project. State if technical or other assistance is needed during the coming quarter. If assistance has been provided, state the problems addressed and the results of the assistance provided. Are you satisfied with the results you have achieved this quarter? Explain.

\_\_\_\_\_

**CONTRACTS:**

9 YES            9 NO            Did this project require contractual services?

9 YES            9 NO            Was the contract put out for bid?

What was the amount of the contract? \_\_\_\_\_ How many years was the contract for? \_\_\_\_\_

**OPERATING EXPENSES:**

9 YES            9 NO            Are operating expenses being spent at the suggested rate of 25% for each quarter? If not, why? \_\_\_\_\_

\_\_\_\_\_

9 YES            9 NO            Were there unforeseen expenditures for the project? What were they? \_\_\_\_\_

\_\_\_\_\_

**CONFIDENTIAL FUNDS:**

Does this grant authorize the use of Confidential Buy Funds?            9 YES            9 NO

Each project shall prepare a reconciliation report on a quarterly basis. Information to be included in the reconciliation report will be the assumed name of the informant given, to what extent this informant contributed to the investigation, date of payment to informant, and

amount paid. Subrecipients shall submit said reconciliation report on a quarterly basis maintaining a copy in their files. **Attach a copy to this quarterly reporting form.**

**SEIZURE/FORFEITURE FUNDS:**

BJA requires any seized or forfeited funds your program received as a result of grant funding must be reported.

Total of seizures/forfeitures received this quarter. \_\_\_\_

Federal Share of seizures/forfeitures received this quarter \_\_\_\_

**COMMENTS**

\_\_\_\_\_



# SPECIAL UNIT TRAINING/SCHOOLYARD VIOLATOR PROGRAMS QUARTERLY EVALUATION REPORT

Enter information for THIS REPORTING PERIOD (QUARTER) ONLY.

## SECTION I. Case Information

Cases initiated in this quarter	Cases turned over to another agency (state, fed, etc.)	Cases Pending	Cases Closed	Cases you are assisting other agencies

## SECTION II. Offender Information

Adults Arrested	Juveniles Arrested

## SECTION III. Property Information

Property Seized			Property Forfeited		
Item	Number	Estimated Dollar Value	Number	Dollar Value	Retained for Use
Money/Currency (# of incidents)					
Vehicles					
Weapons					
House/Condo					
Other					

Use separate sheet for comments

## QUARTERLY DRUG INFORMATION

**Note:** Use grams and/or units to indicate drug amounts. 1 oz = 28.35 grams 16 oz = 1 pound 1 Dose Unit = 1 pill, capsule, tablet or stamp.

### SECTION IV. Drug Totals

DRUG	Amount bought	Price Paid	Amount Seized	Units Seized	Street Value
<b>OPIATES</b>					
Heroin					
Other					
<b>CANNABIS</b>					
Marijuana					
Marijuana Plants					
<b>HALLUCINOGENS</b>					
LSD					
Mushrooms					
Other					
<b>STIMULANTS</b>					
Cocaine					
Crack					
Methamphetamine					
Amphetamine					
Other					
<b>DEPRESSANTS</b>					
Barbiturates					
Other					
<b>PARAPHERNALIA</b>					
Unknown Drugs					
Other					
<b>TOTALS</b>					

**SECTION V K-9 Search Information**

Total Number of :

<u>Car Searches</u>	<u>Building Searches</u>	<u>School Searches</u>
<u>Detention Facilities</u>	<u>Area Searches</u>	<u>Saturation Patrol</u>
<u>Residential Searches</u>	<u>Business Searches</u>	

**SECTION VI. Terrorist-Related Activities**

Please indicate any arrests for activities which were suspected terrorist-related. \_\_

Comments: \_\_\_\_

Please indicate any arrests for activities which were confirmed terrorist-related. \_\_

Comments: \_\_\_\_

Reports must be completed within 15 days after the close of the quarter for which you are reporting. Mail completed reports to your program manager. Include any press releases, newspaper clippings and/or photos.



Please list training attended during the quarter:

	Name of Training	Date Attended
1 <sup>st</sup> Qtr		
2 <sup>nd</sup> Qtr		
3 <sup>rd</sup> Qtr		
4 <sup>th</sup> Qtr		

It is important to involve the community in substance abuse control activities. Please indicate any training provided to communities during the quarter.

	Name of Training	Date Presented
1 <sup>st</sup> Qtr		
2 <sup>nd</sup> Qtr		
3 <sup>rd</sup> Qtr		
4 <sup>th</sup> Qtr		

## NARRATIVE

Provide information outlining large or unusual cases, please do not use individual names or exact locations. Newspaper clippings or press releases should be attached.

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**EVALUATION:**

Explain success or failure of project to date. \_

\_\_\_\_\_

If project has been unsuccessful, what measures will be taken to ensure success? \_\_\_\_\_

9 YES

9 NO

Do you feel that the Office of Criminal Justice Assistance is providing the aid you need for this project? If not, please explain what we can do to provide the services you require. \_\_\_\_

\_\_\_\_\_

**COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

I CERTIFY THAT THIS REPORT IS ACCURATE AND IN ACCORDANCE WITH OCJA POLICIES AND PROCEDURES.

\_\_\_\_\_  
Signature - Project Director

\_\_\_\_\_  
Title

D  
a

REVIEWER'S COMMENTS (For OCJA use only)

\_\_\_\_\_

\_\_\_\_\_

Program Manager Signature

Date